ACADEMIC REGISTRATION FORM

Paste a recent photograph

Personal Details

Full Name (in English): _____

(in Hindi): _____

Registration No. : _____

Academic Year : _____

Semester: _____

Mobile No. (if any): _____

Category: _____

Religion (optional): Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ (tick one) (Any other _____)

Details of Parents/Legal Guardian:

- Name: _____
- Address: _____

  _____
- Phone (Residence): _____
- Phone (Mobile): _____
- email: _____
- Fax No.: _____

Date of Joining: _____

Undertaking of Good Conduct

I, _____ (Name of Student), son/daughter of _____ (Father's Name) and _____(Mother Name's) do solemnly affirm that:

- The information given above is correct to the best of my knowledge.

- That I shall abide by the rules governing academics as determined by the Academic Senate of IISER Mohali as revised from time to time.
- That I shall not miss classes or labs without prior permission for a leave of absence.
- That I shall not use unfair means or plagiaries the work of others in the pursuit of my academic career.
- That I shall maintain discipline and decorum within the academic areas of IISER Mohali.
- That I shall treat IISER Mohali premises and property, such as books, laboratory and other equipment with due care and diligence.

I understand that IISER Mohali may take disciplinary action against me for failing to comply with the above.

Date:
Place: Signature of Student

CHANGE OF POSTAL ADDRESS

Name: _____

Registration No. _____

IN BLOCK LETTERS:

Old Address: _____

_____

_____

_____

New Address: _____

_____

_____

_____

Signature of the Student:

Please submit a proof of NEW POSTAL ADDRESS along with the form.

COURSE REGISTRATION FORM

Name :

Registration No. :

Academic Year :

Batch : BS-MS/Int. PhD/ PhD

Courses :

Sl. No.	Course Code	Course Name	Credits	Instructor's Signature
1.				
2.				
3.				
4.				
5.				
6.				

Student's Signature
Date:

Mentor/Acad. Advisor/ HoD
Date:

ADD / DROP FORM

Name :

Registration No. :

Batch : BS-MS/ Ph. D. /Int. Ph. D. -20___ .

Courses :

Sl. No.	ADD / DROP	Course Code	Course Name	Credits	Signature of Instructor

Student's Signature
Date:

Acad. Advisor/HoD/Mentor's Signature
Date:

(for official use only)

Dean, Academics
(Signature)

Approval of the Chairman, Senate

COURSE REGISTRATION FORM FOR SUMMER SEMESTER

Name :

Registration No. :

Batch :

Courses :

Sr. No.	Course Code	Course Name	Credits	Instructor Signature
1.				
2.				

Student's Signature
Date:

HoD/Mentor's Signature
Date:

CHOICE OF MAJOR

I, _____, Regn. No. _____ give the following options for my Choice of MAJOR in order of Preference:

1. _____
2. _____ (optional)

Any additional Remarks:

Signature :

Date :

<u>Allotment of MAJOR</u>

_____

Signature of the Student :

Dean (Academics)

CHOICE OF FINAL YEAR PROJECT SUPERVISOR

I, _____, Reg. No. _____ would like to do a Final Year Project under the following faculty member at IISER Mohali:

Name of the MS Thesis Guide :

Any other relevant information:

Signature of the student

Date :

Signature of the MS Thesis Guide

Date :

Forwarded by the Head of the Department :

Dean (Academics)

ACADEMIC LEAVE FORM

Date :_____

The Dean Academics
IISER, Mohali

Sub: Application for leave

Dear Sir,

I am a student of the MS/Ph. D. Programme with Regd. No._____.

I wish to go on leave from _____ to _____ during the semester (I/II) of the Academic Term _____ for the following reason:

- Illness or other medical condition (Certificate attached).
- Family responsibilities (Explanation attached).
- Participation in Scientific Programme (Invitation attached).
- Other (Explanation attached).

I understand that there will be no make-up classes, labs or examinations and that it is my responsibility to study on my own to make up for the academic sessions that I have missed/will miss.

Yours sincerely,

Signature:
Name :
Regd. No.:

Forwarded by Faculty Mentor/Advisor/Supervisor/HoD

No Dues Statement for Student leaving IISER Mohali

Name / Registration No. :

Please obtain “No Dues” from :

1. Wardens-in-charge
2. Library
3. Computing Facility
4. Accounts
5. Stores
6. ID card
7. Advisor/Supervisor
8. Head of the Dept.
9. Labs : Biology..... . Chemistry …..... . Physics …..... .
10. Dean(Students)
11. Dean(R & D)
12. Dean(Academics)

No dues clearance completed : YES / NO.

(Academic office)

No Dues Statement for Graduating student of IISER Mohali

Name / Registration No. :

Please obtain “No Dues” from :

1. Warden-in-charge
2. Library
3. Computer Facility
4. Accounts
5. Stores
6. ID card
7. Thesis Submitted?
8. Photo ID jpeg file
9. Optional payment of Alumni Assoc.
10. Supervisor
11. HoD
12. Labs : Biology …..... . Chemistry ..... . Physics …..... .
13. Dean (Students)
14. Dean (R & D)
15. Dean (Academics)

No dues clearance completed : YES / NO.

Degree should be awarded in the convocation : YES / NO.

(Academic office)